

ISSUE SLIP STAMP AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	HL		8-1-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	BZ	897	06-28-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral)... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	9-14-01
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
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47	✓
48	✓
49	✓
50	✓

Claim	Date
Final Original	
51	9-14-01
52	✓
53	✓
54	✓
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56	✓
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Claim	Date
Final Original	
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If more than 150 claims or 10 actions  
staple additional sheet here

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